



6-14-01 #4

Sector

Practitioner's Docket No. 218.1001

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re application of: Vincent HUE

Application No.: 09/825,815

Group No.

Filed: April 4, 2001

Examiner:

JUL 31 2001

OFFICE OF PETITIONS  
DEPUTY A/C PATENTSAssistant Commissioner for Patents  
Washington, D.C. 20231PETITION TO ESTABLISH PRIOR RECEIPT IN THE P.T.O.  
OF ITEM(S) CONSIDERED AS OMITTED BY THE P.T.O.  
— RESPONSE TO "NOTICE OF OMITTED ITEMS"1. This is in response to the "NOTICE OF OMITTED ITEMS" mailed for this application  
on May 16, 2001☒ A copy of the "NOTICE OF OMITTED ITEMS" is enclosed.2. Applicant asserts that the items indicated as omitted were in fact deposited with the  
P.T.O. with the original application papers filed on April 4, 20013. In accordance with the requirements of the Notice of June 5, 1996, 61 Fed. Reg.  
30,041-30,046, applicant hereby:

- A. Petitions under 37 C.F.R. 1.53(e) for a review of the determination that the items  
issue were omitted;
- B. Submits the petition fee under 37 C.F.R. 1.17(i) (37 C.F.R. 1.17(q)); and
- C. Submits the attached evidence of the deposit of the items in issue.

CERTIFICATION UNDER 37 C.F.R. 1.10\*  
(Express Mail label number is mandatory.)  
(Express Mail certification is optional)I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the United  
States Postal Service on this date 6/13/01, in an envelope as "Express

Mail Post Office to Addressee," mailing Label Number EL 825524059 US, addressed to the:

Assistant Commissioner for Patents, Washington, D.C. 20231.

Samuel Gomez

(type or print name of person mailing paper)

Signature of person mailing paper

RECEIVED 00000148 09825815

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4. Fee Payment

A. ☒ This is a **nonprovisional** application.

The petition fee, 37 C.F.R. 1.17(i), is paid as follows:

☒ a check is attached in the sum of ..... \$130.00

☐ charge Account \_\_\_\_\_ the sum of ..... \$130.00

A duplicate of this petition is attached.

Please charge Account 50-0552 for any fee deficiency for this petition.

B. ☐ This is a **provisional** application.

The petition fee, 37 C.F.R. 1.17(q), is paid as follows:

☐ a check is attached in the sum of ..... \$50.00

☐ charge Account \_\_\_\_\_ the sum of ..... \$50.00

A duplicate of this petition is attached.

Please charge Account \_\_\_\_\_ for any fee deficiency for this petition.

5. Request for Refund

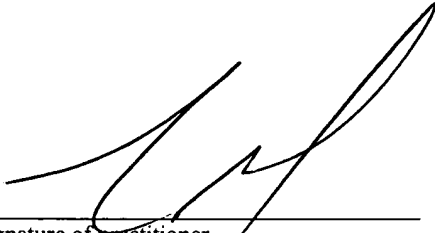
It is respectfully requested that, upon grant of the petition under 37 C.F.R. 1.53(e), the petition fee be refunded by:

☒ deposited to Account 50-0552.

☐ payment of refund by check.

Date:

6/13/01

  
\_\_\_\_\_  
Signature of practitioner

\_\_\_\_\_  
Cary S. Kappel, Reg. No. 36,651

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EVIDENCE OF DEPOSIT OF ITEM(S)  
WITH APPLICATION INDICATED AS OMITTED  
IN THE "NOTICE OF OMITTED ITEMS"

In connection with the "Notice of Omitted items" dated May 16, 2001 applicant submits the following evidence that the item(s) indicated as omitted were in fact deposited with the P.T.O. on April 4, 2001 which is the original date on which the papers for this application were deposited:

- ☒ a photocopy of the return post card showing thereon that the item(s) indicated as omitted were in fact deposited.
- ☒ 1 copy of the submission sent with the postcard.

## REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>8-6-81</u>		2 Serial/Patent #: <u>9-625815</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
	Filing		\$
	Amendment		\$
	Extension of Time		\$
	Notice of Appeal/Appeal		\$
<input checked="" type="checkbox"/>	Petition	<u>6-13-81</u>	<u>#3</u> \$ <u>130</u>
	Issue		\$
	Cert of Correction/Terminal Disc.		\$
	Maintenance		\$
	Assignment		\$
	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ <u>130</u>	
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
	Overpayment	Credit Deposit A/C #:	
	Duplicate Payment	<div style="border: 1px solid black; padding: 2px;">           5 0 -- 0 5 5 2         </div>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):		
<u>P T O    E R R O R</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>A M BROWN</u>		TITLE: <u>Att</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305/0310</u>	
OFFICE: <u>PETITIONS</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

BEST AVAILABLE COPY